Attachment 4

Business Declaration Form

DTFAEN-12-R-00103

Installation of a Liquid Applied Roofing Membrane System and Soffit for a VOR Counterpoise Roof.

Wilmington, North Carolina

BUSINESS DECLARATION

1.	Name of Firm:			Tax Identification No.:	
2.	Address of Firm:				
3.	Telephone Number of Firm	1:			
4.	a. Name of Person Making Declaration				
	b. Telephone Number of Person Making Declaration				
	c. Position Held in the Cor	mpany ——			
5.	Controlling Interest in Company ("X" all appropriate boxes)				
	a. Black American	b. Hispanic American	c. Native American	d. Asian American	
	e. Other Minority (Specify)		f. Other (Specify)		
	g. Female h. Ma	le i. 8(a) Certified (Certific		Service Disabled Veteran Small Business	
6.	Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions? a. Yes b. No (If "NO," provide the name and telephone number of the person who has this authority.)				
7.	Nature of Business (Specify	major services/products (NAIC))			
8.	(a) Years the firm has been in business: (b)		(b) No. of Employees	(b) No. of Employees	
9.	Type of Ownership:	a. Sole Ownership	b. Partnership		
	C. Other (Explain)				
10.	Gross receipts of the firm for	or the last three years:	a.1. Year Ending:	b.1. Gross Receipts	
	a.2. Year Ending:	b.2. Gross Receipts	a.3. Year Ending:	b.3. Gross Receipts	
11.	Is the firm a small business	? a. y	(es	b. No	
ARI I Al	E TRUE AND CORREC		KNOWLEDGE, INFO	PRMATION, AND BELIEF. UNDER THE PROVISIONS	
12. a. Signature			b. Date:	b. Date:	
c. Typed Name			d. Title:		